PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	**NARCOLEPSY AGENTS**
BRAND NAME (generic)	**SUNOSI (solriamfetol)**

Status: CVS Caremark Criteria
Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS
Sunosi is indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA).

Limitations of use
Sunosi is not indicated to treat the underlying airway obstruction in OSA. Ensure that the underlying airway obstruction is treated (e.g., with continuous positive airway pressure (CPAP)) for at least one month prior to initiating Sunosi for excessive daytime sleepiness. Modalities to treat the underlying airway obstruction should be continued during treatment with Sunosi. Sunosi is not a substitute for these modalities.

COVERAGE CRITERIA
The requested drug will be covered with prior authorization when the following criteria are met:

- The request is for continuation of therapy with Sunosi (solriamfetol) AND the patient experienced a decrease in daytime sleepiness with narcolepsy or a decrease in daytime sleepiness with obstructive sleep apnea

OR

- The patient has excessive daytime sleepiness associated with narcolepsy
  AND
  - The diagnosis has been confirmed by sleep lab evaluation
    AND
  - The patient has experienced an inadequate treatment response to a central nervous system (CNS) stimulant drug (e.g., amphetamine, dextroamphetamine, methylphenidate)
    OR
  - The patient has experienced an intolerance to a central nervous system (CNS) stimulant drug (e.g., amphetamine, dextroamphetamine, methylphenidate)
    OR
  - The patient has a contraindication that would prohibit a trial of central nervous system (CNS) stimulant drugs (e.g., amphetamine, dextroamphetamine, methylphenidate)
    AND
  - The patient has experienced an inadequate treatment response to armodafinil OR modafinil
    OR
  - The patient has experienced an intolerance to armodafinil OR modafinil
    OR
  - The patient has a contraindication that would prohibit a trial of ALL of the following: A) armodafinil, B) modafinil

OR

- The patient has excessive daytime sleepiness associated with obstructive sleep apnea (OSA)
  AND
  - The diagnosis has been confirmed by polysomnography
    AND

- The patient has been receiving treatment for the underlying airway obstruction (e.g., continuous positive airway pressure [CPAP]) for at least one month
  AND
- The patient has experienced an inadequate treatment response to armodafinil OR modafinil
  OR
- The patient has experienced an intolerance to armodafinil OR modafinil
  OR
- The patient has a contraindication that would prohibit a trial of ALL of the following: A) armodafinil, B) modafinil

Quantity Limits Apply.
30 tablets/25 days or 90 tablets/75 days*
**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

REFERENCES

1. Sunosi [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; June 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed October 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed October 2019.
4. Morgenthaler TI, Vishesh KK, Brown T, et al. Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin. *Sleep* 2007;30(12):1705-11.
5. Epstein LJ, Kristo D, Strollo PJ et al. Clinical Guidelines for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults. J Clinical Sleep Medicine 2009:5(3):263-276.
6. Krahn L, Hershner S et al. Quality Measures for the Care of Patients with Narcolepsy. *Journal of Clinical Sleep Medicine* 2015; 11(3):335-55.